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INFORMATION DISCLOSURE STATEMENT BY APPLICANT  (Substitute for form 1449/PTO)								erial no. 0/586,299			
					APPLICANT Chikara OHKI, et al.						
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EXAMINER'S INITIALS	R'S CITE Document Number S NO. Number-Kind Code2 of Incomes			Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document			Pages, Cotumns, Lines, Where Relevant Passages or Relevant Figures Appear			
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1 Applicant sumple citation designation number (optional). 2 Applicant is to place a check mark here if English language Translation is attached.